



PO Box 3005
Bridgehampton, NY 11932

18-40884-ESS

Statement Ending 08/31/2020

ALLIED IV LLC

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Account Number: XXXXXX1365

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US BANKRUPTCY COURT
EASTERN DISTRICT OF NY
271 CADMAN PLZ E STE C
BROOKLYN NY 11201-1820

Managing Your Accounts

	Branch Name	Great Neck
	Branch Number	1-516-498-3888
	Mailing Address	200 Middle Neck Road Great Neck, NY 11021
	Website	www.bnbbank.com



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Summary of Accounts

Account Type	Account Number	Ending Balance
Debtor In Possession	XXXXXX1365	\$661,833.42

Debtor In Possession-XXXXXX1365

Account Summary

Date	Description	Amount
08/01/2020	Beginning Balance	\$622,595.82
	3 Credit(s) This Period	\$49,758.43
	6 Debit(s) This Period	\$10,520.83
08/31/2020	Ending Balance	\$661,833.42

Deposits

Date	Description	Amount
08/12/2020	DEPOSIT	\$14,758.43
08/17/2020	DEPOSIT	\$24,000.00
08/24/2020	DEPOSIT	\$11,000.00

Other Debits

Date	Description	Amount
08/31/2020	SERVICE CHARGE	\$50.00

Checks Cleared

Check Nbr	Date	Amount	Check Nbr	Date	Amount
1035	08/03/2020	\$650.00	1038	08/18/2020	\$110.42
1036	08/04/2020	\$7,260.41	1039	08/20/2020	\$450.00
1037	08/04/2020	\$2,000.00			

* Indicates skipped check number

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EASTERN DISTRICT OF
NEW YORK



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Please examine your account statement promptly and report any inaccuracy as soon as possible. The Uniform Commercial Code requires you to promptly notify us of any unauthorized signature or alteration on your checks.

DIRECT DEPOSITS

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at (631) 537-1000 to find out whether or not the deposit has been made.

FOR CONSUMER ACCOUNTS ONLY IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone or address located on the front of this statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- 1) Tell us your name and account number (if any)
- 2) Describe the error or transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

LOAN ACCOUNT SUMMARY OF RIGHTS

This is a summary of your rights, a full statement of your rights and responsibilities under the federal Fair Credit Billing Act will be sent to you upon request or in response to a billing error notice.

BILLING RIGHTS SUMMARY – HOME EQUITY PLANS

In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

BILLING RIGHTS SUMMARY – ALL OPEN-END CREDIT PLANS OTHER THAN HOME EQUITY PLANS

What to Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

BNB Bank

P.O. Box 3005

Bridgehampton, NY 11932

In your letter, provide us the following information:

- Account information: Your name and account number
- Dollar amount: The dollar amount of the suspected error
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION

We figure the finance charge on your account by applying the periodic rate to the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances and /or fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance.

This Form Is Provided To Help You Balance Your Statement

WITHDRAWALS OUTSTANDING (NOT CHARGED TO ACCT)

No	\$	
TOTAL	\$	

BEFORE YOU START- PLEASE BE SURE YOU HAVE ENTERED IN YOUR REGISTER ALL AUTOMATIC TRANSACTIONS ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF ANY OCCURRED:

1. Loan Advances
2. Credit Memos
3. Other automatic deposit
4. Interest paid

YOU SHOULD HAVE SUBTRACTED IF ANY OCCURRED:

1. Automatic Loan Payments
2. Automatic savings
3. Services Charges Debit Memos
4. Debit Memos
5. Other automatic deductions and Payments

BALANCE SHOWN

ON THIS STATEMENT \$ _____

ADD DEPOSITS NOT SHOWN

ON THIS STATEMENT (IF ANY) \$ _____

TOTAL \$ _____

SUBTRACT WITHDRAWALS

OUTSTANDING \$ _____

BALANCE \$ _____

SHOULD AGREE WITH YOUR REGISTER BALANCE AFTER DEDUCTING SERVICE CHARGE (IF ANY) SHOWN ON THIS STATEMENT



Statement Ending 08/31/2020

ALLIED IV LLC

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Account Number: XXXXXX1365

Debtor In Possession-XXXXXX1365 (continued)

Daily Balances

Date	Amount	Date	Amount	Date	Amount
08/03/2020	\$621,945.82	08/17/2020	\$651,443.84	08/24/2020	\$661,883.42
08/04/2020	\$612,685.41	08/18/2020	\$651,333.42	08/31/2020	\$661,833.42
08/12/2020	\$627,443.84	08/20/2020	\$650,883.42		

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

